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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/050,347  
Filing Date January 15, 2002  
Inventor Gurtej S. Sandhu et al.  
Assignee Micron Technology, Inc.  
Group Art Unit 2813  
Examiner Unknown  
Attorney's Docket No. MI22-1897  
Title: Methods of Forming Transistors

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TECHNOLOGY  
10/050,347**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

References -See Attached Form PTO-1449

The Examiner's attention is directed to the references which are listed on the attached Form PTO-1449, copies of which are attached. No admission is made regarding whether all the submitted references are prior art.

Citation of the referenced art is respectfully requested.

This Information Disclosure Statement is being filed within three months of the filing date of the application or before the mailing date of a first Office Action, whichever occurs last. Therefore, no fee is believed to be required. However, in the event that a fee is required for filing this information disclosure statement, please charge the fee specified under 37 C.F.R. § 1.17(p) to Deposit Account No. 23-0925.

Adjustment date: 09/25/2002 EEKUBAY1  
07/05/2002 RMEBRAHT 00000132 230925 10050347  
01 FC:126 180.00 CR

Respectfully submitted,

Dated: June 27, 2002By: Jennifer J. TaylorJennifer J. Taylor, Ph.D.  
Reg. No. 48,711

07/05/2002 RMEBRAHT 00000132 230925 10050347  
01 FC:126 180.00 CR

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Please type a plus sign (+) inside this box → ☐PTO/SB/21 (6-98)  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/050,347
	Filing Date	January 15, 2002
	First Named Inventor	Gurtej S. Sandhu
	Group Art Unit	2813
	Examiner Name	Schillinger, L.
Total Number of Pages in This Submission	Attorney Docket Number MI22-1897	

ENCLOSURES (check all that apply)		
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jennifer J. Taylor, Ph.D.; Wells St. John P.S.
Signature	<i>Jennifer J Taylor</i>
Date	6-12-2002

CERTIFICATE OF MAILING	
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